



# Palmerton Area School District

## Student Accident Report

### Flow Chart

*Please print name on top line and signature under printed name.*

<b>Report Prepared By</b>	<hr/> <hr/> <b>Date:</b> _____
<b>School Nurse</b>	<hr/> <hr/> <b>Date:</b> _____
<b>School Official (Principal)</b> Principal calls Mr. Faenza and/or Dr. Frankelli if Facility Concern or Emergency	<hr/> <hr/> <b>Circle name/s if you spoke with Mr. Faenza and/or Dr. Frankelli</b> <hr/> <hr/> <b>Date:</b> _____
<b>Safety Rep. for Level</b> Elementary - Mrs. George Secondary - Mrs. Husar	<hr/> <hr/> <b>Date:</b> _____
<b>Business Office - Mr. Ryan Kish</b> (If applicable)	<hr/> <hr/> <b>Date:</b> _____
<b>Pupil Services - Mrs. Rentschler</b> (If applicable)	<hr/> <hr/> <b>Date:</b> _____
<b>Superintendent - Dr. Frankelli</b> (If applicable)	<hr/> <hr/> <b>Date:</b> _____

# Student Accident Report

Palmerton Area School District

Reported by \_\_\_\_\_

Report Date \_\_\_\_\_

Building \_\_\_\_\_

Student Name \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Date / Time of Injury \_\_\_\_\_

Please put a check  on the appropriate line.

**Accident Location**    \_\_\_\_\_ Classroom                  \_\_\_\_\_ Playground                  \_\_\_\_\_ Gymnasium  
                                 \_\_\_\_\_ Athletic Field                  \_\_\_\_\_ Cafeteria                  Other \_\_\_\_\_

**Contributing Causes** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Check  Injured Body Part**

L		R
	Thumb	
	Finger	
	Hand	
	Wrist	
	Lower Arm	
	Elbow	
	Upper Arm	
	Shoulder	

L		R
	Foot	
	Lower Leg	
	Knee	
	Upper Leg	
	Ankle	

	Ear
	Eye
	Nose
	Face
	Head
	Back
	Abdomen
	Chest

\*\*\*\*\*TO BE COMPLETED BY NURSE\*\*\*\*\*

**Check Type of Injury**

\_\_\_\_\_ laceration                  \_\_\_\_\_ bruise                  \_\_\_\_\_ sprain/strain                  \_\_\_\_\_ dislocation                  \_\_\_\_\_ fracture  
\_\_\_\_\_ concussion                  \_\_\_\_\_ burn                  \_\_\_\_\_ other (specify) \_\_\_\_\_

**Action**

\_\_\_\_\_ Parent notified                                  \_\_\_\_\_ 911 transport by ambulance  
\_\_\_\_\_ Sent home with a parent                                  \_\_\_\_\_ Parent transported to doctor  
\_\_\_\_\_ Sent home with a relative                                  \_\_\_\_\_ Parent to transport

**Additional Comments**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature/Date _____
Nurse's Signature/Date _____
Business Office Signature/Date _____